

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90252 018 ***150.00

DOCUMENT # P99000067070

1. Entity Name
INTERNATIONAL BATHS, INC.

Principal Place of Business
 2226 MEARS PARKWAY
 MARGATE FL 33063

Mailing Address
 2226 MEARS PARKWAY
 MARGATE FL 33063

2. Principal Place of Business
 12632 NW 13TH ST.

3. Mailing Address
 12632 NW 13TH ST.

Suite, Apt. #, etc.

City & State
 SUNRISE, FL

City & State
 SUNRISE, FL

Zip
 33323

Country
 USA

Zip
 33323

Country
 USA

6. Name and Address of Current Registered Agent

HEDER, RULER
 2226 MEANS PWY
 MARTER FL 33063

7. Name and Address of New Registered Agent

Name
 HEDER AULER

Street Address (P.O. Box Number is Not Acceptable)
 12632 NW 13TH ST.

City
 SUNRISE

FL

Zip Code
 33323

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**


11. OFFICERS AND DIRECTORS

TITLE D	NAME AULER, HEDER	<input type="checkbox"/> Delete
STREET ADDRESS 2226 MEARS PARKWAY		
CITY-ST-ZIP MARGATE FL 33063		
TITLE D	NAME AULER, HEITOR	<input type="checkbox"/> Delete
STREET ADDRESS 2226 MEARS PARKWAY		
CITY-ST-ZIP MARGATE FL 33063		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **HEDER AULER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.02 954.9579202
 Date Daytime Phone #

CR2E034 (9/01)